

# Speech-Language Pathologist – Full License or Ltd. License “Under the Direction of” Tip Sheet

Service Type/Description	Procedure Code	Medical Areas
<b>MET/Eval (Initial and 3-Year)</b>		
Encompasses all meetings, reports and evaluations. The evaluation should be reported only once, even if the evaluation is administered over several days. The date of service is the date eligibility is determined (IEP mtg.). <u>Note:</u> An evaluation must be completed to use this service type.		
• <b>MET/Eval – Speech Fluency</b> (e.g., stuttering, cluttering).	92521 HT	Yes
• <b>MET/Eval – Speech Sound Production</b> (e.g., articulation, phonological process, apraxia, dysarthria).	92522 HT	Yes
• <b>MET/Eval – Speech Sound with Language:</b> Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <b>with</b> evaluation of language comprehension and expression (e.g., receptive and expressive language).	92523 HT	Yes
• <b>MET/Eval – Language Comprehension/Expression</b> (e.g., receptive and expressive language).	92523 52 HT	Yes
• <b>MET/Eval – Behavioral Qualitative Analysis of Voice</b> (and resonance).	92524 HT	Yes
<b>IEP (Annual and Initial)</b>		
Participation in the IEP/IFSP meeting. Encompasses all work done for the IEP. The date of service is the date of the IEP meeting.		
• <b>IEP – Speech Fluency</b> (e.g., stuttering, cluttering).	92521 TM	Yes
• <b>IEP – Speech Sound Production</b> (e.g., articulation, phonological process, apraxia, dysarthria).	92522 TM	Yes
• <b>IEP – Speech Sound with Language:</b> Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language).	92523 TM	Yes
• <b>IEP – Language Comprehension/Expression</b> (e.g., receptive and expressive language).	92523 52 TM	Yes
• <b>IEP – Behavioral Qualitative Analysis of Voice</b> (and resonance).	92524 TM	Yes
<b>Reed (Effective 10/1/2013)</b>		
Participation in the Review of Existing Evaluation Data (REED). The date of service is the date the IEP team completes its review of data.		
• <b>REED – Speech Fluency</b> (e.g., stuttering, cluttering).	92521 TL	Yes
• <b>REED – Speech Sound Production</b> (e.g., articulation, phonological process, apraxia, dysarthria).	92522 TL	Yes
• <b>REED – Speech Sound with Language:</b> Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language).	92523 TL	Yes
• <b>REED – Language Comprehension/Expression</b> (e.g., receptive and expressive language).	92523 52 TL	Yes
• <b>REED – Behavioral Qualitative Analysis of Voice</b> (and resonance).	92524 TL	Yes
<b>Evals not related to MET or IEP</b>		
Evaluations completed for purposes other than the IDEA Assessment. The date of service is the date the test is completed.		
• <b>Non-MET/Eval – Speech Fluency</b> (e.g., stuttering, cluttering).	92521	Yes
• <b>Non-MET/Eval – Speech Sound Production</b> (e.g., articulation, phonological process, apraxia, dysarthria).	92522	Yes
•		
•		
•		

Service Type/Description	Procedure Code	Medical Areas
<ul style="list-style-type: none"> <li>• <b>Non-MET/Eval – Speech Sound with Language:</b> Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language).</li> </ul>	92523	Yes
<ul style="list-style-type: none"> <li>• <b>Non-MET/Eval – Language Comprehension/Expression</b> (e.g., receptive and expressive language).</li> </ul>	92523 52	Yes
<ul style="list-style-type: none"> <li>• <b>Non-MET/Eval – Behavioral Qualitative Analysis of Voice</b> (and resonance).</li> </ul>	92524	Yes
<b>Therapy/ATD</b>		
<ul style="list-style-type: none"> <li>• <b>Individual Therapy:</b> Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab).</li> </ul>	92507	Yes
<ul style="list-style-type: none"> <li>• <b>Group Therapy:</b> Therapeutic procedure(s), group (2 or more individuals).</li> </ul>	92508	Yes
<ul style="list-style-type: none"> <li>• <b>ATD Self-care/Home Mgmt. Training:</b> Activities of daily living and compensatory training, meal prep, safety procedures, and instructions in the use of assistive technology/adaptive equipment, direct 1:1.</li> </ul>	97535	Yes
<ul style="list-style-type: none"> <li>• <b>Assistive Technology Assessment:</b> To restore, augment, or compensate for existing function and/or maximize environmental accessibility: direct 1:1 provider contact required. <ul style="list-style-type: none"> <li>○ If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to.</li> <li>○ <b>Do not use if assessments for DME are billed by a Medicaid medical supplier.</b></li> </ul> </li> </ul>	97755	Yes
<b>Record Keeping Only</b>		
<ul style="list-style-type: none"> <li>• <b>Monthly Progress Note</b></li> </ul>	-	No
<ul style="list-style-type: none"> <li>• <b>Student Absent/Unavailable</b></li> </ul>	-	No
<ul style="list-style-type: none"> <li>• <b>Provider Absent/Unavailable</b></li> </ul>	-	No
<ul style="list-style-type: none"> <li>• <b>Non-billable Entry</b></li> </ul>	-	No

Medical Areas		
<ul style="list-style-type: none"> <li>• Evaluation</li> <li>• IEP Development/Review</li> <li>• Articulation</li> <li>• Augmentative Communication</li> <li>• Expressive Language</li> </ul>	<ul style="list-style-type: none"> <li>• Fluency/Stuttering</li> <li>• Language</li> <li>• Oral Motor Dysfunction; Swallowing</li> <li>• Phonological</li> <li>• Pragmatic/Semantic Language</li> <li>• Processing</li> </ul>	<ul style="list-style-type: none"> <li>• Rate/Rhythm</li> <li>• Receptive Language</li> <li>• Voice Therapy</li> <li>• ATD Services</li> <li>• ATD Coordinating</li> <li>• ATD Training</li> </ul>

General Service Information
<ul style="list-style-type: none"> <li>• The service record entered in TIENet must be sufficiently detailed to allow reconstruction of what transpired for each service billed. The medical record must indicate the specific findings or results of diagnostic or therapeutic procedures. If an abbreviation, symbol, or other mark is used, it must be standard, widely accepted health care terminology. Symbols, marks, etc. unique to that provider <b>MUST NOT BE USED.</b></li> <li>• Consult services are an integral part or an extension of a direct medical service and <b>are not separately reimbursable.</b> DO NOT USE service types that show a “procedure code” at the end of the description.</li> <li>• Billing is due on the 15<sup>th</sup> of each month.</li> <li>• Group therapy must be provided in groups of 2-8 students – not billable if more than 8</li> <li>• <b>Provider Notes must include enough detail to allow reconstruction of what transpired for each service.</b> <ul style="list-style-type: none"> <li>○ Notes are vital in determining what actually occurred on the date of services &amp; the result of the service. Notes should <b>STAND ALONE</b>, so that individuals with basic knowledge can answer simple questions such as: <b>Is the student making progress? How does the service relate to the goals &amp; how will they be measured?</b></li> </ul> </li> <li>• Monthly progress notes are <b>REQUIRED</b> for all months for which services are reported: <ul style="list-style-type: none"> <li>○ Must include evaluation of progress and summarize the services reported during the month</li> <li>○ Must be dated in the month the services were provided - <i>using the last school day of the month is recommended</i></li> </ul> </li> <li>• If you have any questions, please contact the Medicaid department: <ul style="list-style-type: none"> <li>○ Katy Irwin at 586-228-3343 or <a href="mailto:kirwin@misd.net">kirwin@misd.net</a></li> </ul> </li> </ul>